

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

ROHM AND HAAS ELECTRONIC
MATERIALS LLC,

Plaintiff,

y.

HONEYWELL ELECTRONIC
MATERIALS INC. and HONEYWELL
SPECIALTY MATERIALS, LLC and
HONEYWELL INTERNATIONAL, INC.

Defendants.

C.A. No. 06-297-GMS

JURY TRIAL DEMANDED

AFFIDAVIT OF MAILING PURSUANT TO 10 DEL. C. § 3104 AND D. DEL. LR 4.1(b)

DANIEL C. MULVENY, after first being duly sworn, on August 1, 2006, does depose and say:

1. I am an attorney with the law firm of Connolly Bove Lodge & Hutz LLP and represent the Plaintiff in the above-captioned action.

2. I caused a copy of the Complaint, Summons and Civil Information Sheet for non-resident Defendant Honeywell Electronic Materials Inc., and a letter containing the information required by 10 Del. C. § 3104, to be forwarded, via Registered Mail Return Receipt Requested, to Honeywell Electronic Materials Inc. on July 25, 2006.

3. On July 27, 2006, the package referenced in paragraph 2, above, was received by Honeywell Electronic Materials Inc. The original Registered Mail Receipt for said package is attached hereto as Exhibit "A".

Daniel C. Mulveny (# 3984)

Sworn to and subscribed before on August 1, 2006.

Notary Public

Valerie J. Murphy
Notary Public
State of Delaware

My commission expires May 12, 2008

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Corporation Service Company Registered Agent for Honeywell Electronic Materials, Inc. 6500 Harbour Heights Pkwy Suite 400 Mukilteo, WA 98275</p>		<p>B. Received by (Printed Name) <i>CARRERA</i></p> <p>C. Date of Delivery 7/27/06</p>	
		<p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7003 1680 0000 8665 3544</p>	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	